

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Chambers for Iowa House

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Royd E Chambers

Political Party (if applicable)

R

Office Sought

Iowa House of Representatives

District (if Senate or House)

5

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1333

Logged in

Scanned

Computer

Audited

5 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Royd E Chambers

SIGNATURE OF PERSON FILING REPORT

712 324 2694

TELEPHONE

10/19/08

DATE SIGNED

I AM FILING A *Oct. 20, 2008*

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # ☒

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

3215.02

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

4325.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

7540.02

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2000.00

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

5540.02

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

0

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES

NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Chambers for Iowa House

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7/18/08	ID# CK#	Duane Wahlstrom 409 7th Ave Sheldon IA 51201	N/A	\$ 50 ⁰⁰	<input type="checkbox"/>
8/14	ID# 6004 CK# 6016	Iowa Equipment Dealers PO BOX 65840 West Des Moines IA 50265		100 ⁰⁰	<input type="checkbox"/>
8/15	ID# 6059 CK#	Iowa Comm. for Auto Dealers 1111 Office Park Rd West Des Moines IA 50265		150 ⁰⁰	<input type="checkbox"/>
8/15	ID# CK#	Rich Vandehoef 1027 6th St NE Sibley IA 5249		50 ⁰⁰	<input type="checkbox"/>
8/25	ID# CK#	Jeanne Feikes 800 Country Club Rd Sheldon IA 51201		25 ⁰⁰	<input type="checkbox"/>
8/26	ID# 6004 CK#	Assoc. of General Contractors 701 E Court Ave Des Moines IA 50309		500 ⁰⁰	<input type="checkbox"/>
8/28	ID# 6486 CK#	Iowa Telecom PAC 403 W 4th St, N Newton IA 50208		150 ⁰⁰	<input type="checkbox"/>
8/28	ID# 6378 CK#	I-Vet PAC 1605 N Ankeny Blvd, Ste 10 Ankeny IA 50021		100 ⁰⁰	<input type="checkbox"/>
8/28	ID# 6062 CK#	Iowa CPA PAC 950 Office Park Rd, Ste 300 West Des Moines, IA 50265		100 ⁰⁰	<input type="checkbox"/>
9/05	ID# 6291 CK#	IHA PAC 100 E Grand, Ste 100 Des Moines IA 50309		500 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$1,725⁰⁰

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
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COMMITTEE NAME (Must be same as on Statement of Organization)

Chambers for Iowa House

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9/22	ID# CK#	Dean Meier 118 Kaspard Place Cedar Falls IA 50613	N/A	\$ 25 ⁰⁰	<input type="checkbox"/>
9/22	ID# CK#	IA Friends of Rural Electrification 8525 Douglas Ave, Suite 48 Des Moines IA 50322		200 ⁰⁰	<input type="checkbox"/>
9/22	ID# CK#	Osceda Co. Republicans Sibley IA 52449		400 ⁰⁰	<input type="checkbox"/>
10/3	ID# 1245 CK#	Smith Field Foods Inc 499 Park Ave New York NY 10022		208 ⁰⁰	<input type="checkbox"/>
10/3	ID# 6056 CK#	Bankers United in Legit Decisions 8800 NW 62nd Ave Johnston IA 50131		500.00	<input type="checkbox"/>
10/3	ID# CK#	Tim Grieco 3000 Norman Dr Sioux City IA 51104		25 ⁰⁰	<input type="checkbox"/>
10/3	ID# 6234 CK#	IA Farm Bureau 5400 University Ave West Des Moines 50266		100 ⁰⁰	<input type="checkbox"/>
10/7	ID# 6323 CK#	Master Builders Assn 221 Park St Des Moines IA 50306		250 ⁰⁰ 250	<input type="checkbox"/>
10/7	ID# 6146 CK#	Home Builders Assoc Des Moines IA 50306		100 ⁰⁰	<input type="checkbox"/>
10/8	ID# 6067 CK#	Iowa Health PA 6750 Western Pkwy #100 West Des Moines IA 50266		100 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 1900⁰⁰

TOTAL (If last page of this schedule)

\$

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Page 2 of 3
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
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COMMITTEE NAME (Must be same as on Statement of Organization)

Chambers for Iowa House

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/8	ID# CK#	Bill Giddings 800 22nd Ave Sheldon IA 51201		\$ 100 ⁰⁰	<input type="checkbox"/>
10/8	ID# CK# 3028	Iowans for Skilled Work Force 707 E Locust St Des Moines IA 50309		250 ⁰⁰	<input type="checkbox"/>
10/9	ID# 6052 CK#	Independant Insurance Agents 4000 Westown Pkwy West Des Moines IA 50265		250 ⁰⁰	<input type="checkbox"/>
10/9	ID# 6282 CK#	HyVee Inc. 5920 Westown Pkwy West Des Moines IA 50266		100 ⁰⁰	<input type="checkbox"/>
10/14	ID# CK#	HyVee Inc.			<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 700⁰⁰

TOTAL (if last page of this schedule)

\$ 4,325⁰⁰

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Page 2 of 3
(for Schedule A)

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Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Chambers for Iowa House

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/14	ID# CK#	House majority fund 621 E. 9th St. Des Moines IA 50304		\$ 2000.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2000.00
TOTAL (if last page of this schedule)				\$ 2000.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)